

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 33.3
TITLE: COLLAGEN IMPLANTATION FOR INCONTINENCE

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

TRICARE POLICY MANUAL: Chapter 3, Section 9.4

I. EFFECTIVE DATE

September 30, 1993

II. PROCEDURE CODE(S)

51715, 99070, and 95028

III. DESCRIPTION

A collagen implant, which is injected into the submucosal tissues of the urethra and/or bladder neck and into the tissues adjacent to the urethra, is a prosthetic device used in the treatment of stress urinary incontinence resulting from intrinsic sphincter deficiency (ISD). ISD is a cause of stress urinary incontinence in which the urethral sphincter is unable to contract and generate sufficient resistance in the bladder, especially during stress maneuvers such as sneezing, coughing, etc.

IV. POLICY

Collagen implants of the urethra and/or bladder neck may be cost shared when supporting medical documentation establishes treatment as medically necessary for patients nonamenable to other forms of urinary incontinence treatment.

V. POLICY CONSIDERATIONS

A. The device must be FDA approved (Contigen® Bard® collagen implants are FDA approved).

B. Payment may be made for all related services and supplies to include the skin testing that is required four weeks prior to the initial injection. Skin testing is necessary to rule out an allergic reaction to the collagen. (CPT 95028)

C. General claims for this service may include two types of charges, physician charges and device charges. Physician charges may be billed using CPT 51715. Device charges may be billed using CPT 99070.

D. Patients whose incontinence does not improve with five (5) separate treatment sessions are considered treatment failures. No further treatment of urinary incontinence by collagen implant will be allowed.

E. If previously denied claims are brought to the attention of CHAMPVA, the claims shall be reprocessed in accordance with this policy.

F. For other indications related to Collagen refer to [Chapter 2, Section 27.3](#), *Collagen Implantation*.

G. For other indications related to the urinary system refer to [Chapter 2, Section 33.1](#), *Urinary System*.

H. For other indications related to bladder wall stimulators refer to [Chapter 2, Section 33.2](#), *Bladder Stimulators*.

VI. EXCLUSIONS

Treatment of stress urinary incontinence due to hypermobility, a significant displacement of the urethra and bladder neck during exertion (Type 2 stress incontinence), with collagen implants is excluded from coverage by CHAMPVA. Surgery is the treatment of choice with this condition.

END OF POLICY